

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/856814

FILING DATE

APPLICANT(S)

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		0				
4		0				
5		0				
6	1		1			
7		1				
8		2				
9		0				
10		1				
11		1				
12		0				
13		1				
14		0				
15	1		1			
16		1				
17		1				
18		3				
19		0				
20		0				
21		0				
22		0				
23	1		1			
24		1				
25		2				
26		0				
27		0				
28		1				
29		0				
30		0				
31		0				
32		1				
33	1		1			
34		1				
35		1				
36		3				
37		0				
38		0				
39		0				
40		0				
41		1				
42		0				
43		0				
44		0				
45						
46						
47						
48						
49						
50						
TOTAL IND.	5					
TOTAL DEP.		39				
TOTAL CLAIMS		44				

CLAIMS						
	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS